

NOMINATION FOR YOUNG AMERICAN MEDAL FOR BRAVERY 19 95

This form should be used only for recognition of acts of bra	very taking place in the specified calendar year.
NAME OF NOMINEE:	SEX:
ADDRESS:	
TELEPHONE NUMBER (including area code):	DATEOFBIRTH:
PLACE OF BIRTH:	CITIZENSHIP:
The Young American Medal for Bravery is awarded to those Unit year, have exhibited exceptional courage, attended by extraordin swiftness of action, regardless of personal safety, in an effort to sactual imminent danger. No more than two such medals may be 18 years of age or younger at the time the act of bravery took place. For a candidate to be eligible to receive the Young American Mesent to the Young American Medals Committee, U.S. Department Avenue, N.W., Room 408, Washington, D.C. 20531. Nominations	nary decision, presence of mind, and unusual save or saving the life of any person or persons in awarded each year. The individual must have been ace. dall for Bravery, the completed nomination file must be not of Justice, Office of Justice Programs, 633 Indiana
the act of bravery took place. To be considered, the nomination file must include:	
 A copy of this completed form, 	
 A certified blirth certificate or other evidence of the date an 	그 주민 이번에는 장치하는 점인 회원인원인 기업에 되었다.
 Two or more statements by witnesses or individuals havin candidate's extraordinary endeavor, 	ng personal knowledge of the facts surrounding the
- A biographical sketch of the candidate, and	
 A detailed account of any public recognition the candidate recognition of awards from any state, local, religious, or of the event in which the candidate displayed exceptional co 	ther organizations as well as any press coverage of
NAME OF PARENT OR GUARDIAN:	
ADDRESS:	
TELEPHONENUMBER (including area code):	RELATIONSHIP:
locatify that the commention file has been completed in accordance with individual to receive the Young American Medal for Bravery.	the above directions and be reby nominate the above named
GOVERNOR'S SIGNATURE	DATE:

OJP FORM 1673H (PEV. 10-95) (continued on the reverse)

LIST THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF INDIVIDUALS IN THE COMMUNITY WHO COULD BE CONTACTED REGARDING THE ACT FOR WHICH THE CANDIDATE IS BEING NOMINATED:		
REGINDING THE AST FOR WHICH THE CANDIDATE IS BEING NORTHER ED.		
CITE ANY RECOGNITION THE CANDIDATE HAS RECEIVED FROM THE NEWS MEDIA, STATE AND LOCAL OFFICIALS, CIVIC, RELIGIOUS, OR ACADEMIC GROUPS, ETC. ATTACH CLIPPINGS, COPIES OF CITATIONS, OR OTHER EVIDENCE:		
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OJPFORM 1673H (REV. 1095) (continued annext page)

PROVIDE A DETAILED ACCOUNT OF THE ACT OF BRAVERY FOR W NAMES OF THOSE INDIVIDUALS WHO ASSISTED THE NOMINEE IN	HICH THE NOMINATION ISBEING OFFERED, INCLUDE THE HIS OR HER ENDEAVOR IF APPLICABLE:
DATE OF EVENT (including year):	TME:
	A Gales and As
LOCATION:	
Alease check to be certain that all a	required information is enclosed.
Public reporting burden for this collection of information is estimated to instructions, searching existing data sources, gathering and maintainin information. Send comments regarding this burden estimate or any off reducing this burden, to the Young American Medals Committee, Offic N.W., Washington, D.C. 20531; and to Public Use Reports Project, 113 Management and Budget, Washington, D.C. 20503.	average 3 hours per response, including the time for reviewing githe data needed, and completing and reviewing the collection of er aspects of this collection of information, including suggestions for e of Justice Programs, U.S. Department of Justice, 633 Indiana Avenus 21-0189, Office of Information and Regulatory Affairs, Office of